Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

**CLAIMS AS FILED - PART I** 

H0005298(1016.1157)

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
T7/	TAL CLAIMS		(Column 1)		(Colu	(Column 2)		TYPE		OR	SMALL	<u> </u>	
TOTAL CLAIMS			23			·	•	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			&3 minus 20=		* 3			X\$ 9=		OR	X\$18=	54	
INDEPENDENT CLAIMS			3 minus 3 = *		* &	æ		X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT	•				+145=		OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2	L	TOTAL		OR	TOTAL	824	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN	
		(Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	-	OR	X\$18=		
ME	Independent	*	Minus	***		= ,		X43=		OR	X86=		
1	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	ENDENT	CLAIM		┞			Ŭ.,			
							L	+145= TOTAL		OR	+290=		
										OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=	ì.	OR	X\$18=		
	Independent	*	Minus	***	<u> </u>	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=			.000		
<b>*</b>	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290= TOTAL		
** [	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	SPACE is	less than	20, enter "20."	Αľ	TOTAL ODIT. FEE	<u> </u>	OR ,	DDIT. FEE		
		ber Previously Paid					foun	d in the app	ropriate box	in col	umn 1.		